

CONFIDENTIAL REPORT OF COURT-ORDERED HIV TESTING***INFORMATION ON PERSON TESTED***

Last Name		First Name	Middle Initial
Date of Birth / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Criminal Identification and Information ID Number	Booking Number
RACE/ETHNICITY: <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Not Specified		LAST NAME AKAS: 1. _____ 2. _____	

CASE INFORMATION

Charge	Charge Date / /	Case ID Number
Identification Number From HIV Antibody Test		Subject Tested: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Person Tested for HIV Under (Check Appropriate Box) <input type="checkbox"/> Penal Code, Section 1202.6(e) (SB 1007) <input type="checkbox"/> Health and Safety Code, Section 121065 (Proposition 96)		

COURT INFORMATION

Name of Court	Courtroom Number	
Type of Court	Judge	
Name of Person Completing Form		
Address	City	ZIP Code
County	Business Phone ()	Date / /

SEE INSTRUCTIONS ON OTHER SIDE***Please Attach a Copy of the Test Results***

REPORT OF COURT-ORDERED HIV TESTING: LEGISLATIVE BACKGROUND AND COMMENTS

BACKGROUND:

- This report collects information on HIV test results of specified individuals. Reporting is required by California legislation and laws listed below:

Section 1202.6(e) of the Penal Code.

Section 121065 of the Health and Safety Code.

- Under the law, you are required to forward to the Department of Health Services copies of the test results. We ask that you complete this form and attach the test results as a standardized way to collect the required information.
- The Department of Health Services is required to “furnish written copies of the report . . . to a district attorney upon request,” under Section 1202.6(g) of the Penal Code.

COMMENTS:

INFORMATION ON PERSON TESTED:

- 1 List Criminal Identification and Information Number and Booking Number.

CASE INFORMATION:

- Use Court Case Number for “Case ID Number.”
- Please include Identification Number from the HIV Antibody test.
- Please indicate whether the person was tested under Penal Code, Section 1202.6(e) or Health and Safety Code, Section 121065.

COURT INFORMATION:

- Please indicate “municipal,” “superior,” etc., for “Type of Court.”

When completed, please attach lab results and mail to this address:

**Department of Health Services
Office of AIDS
AIDS Case Registry
P. O. Box 942732
Sacramento, CA 94234-7320**

For questions, please call (916) 327-3188.